CASE REPORTS - FAITS CLINIQUES

ESCALATION OF AUTOMUTILATION OF THE HAND

L. DE SMET [1], B. VAN HOUDENHOVE [2], G. FABRY [1].

A case of automutilation of the hand, with progressive escalation of the expression is described.

Key words : oedema ; automutilation ; Sécrétan Syndrome ; hand.
Mots clés : oedème ; main ; Sécrétan ; automutilation.

INTRODUCTION

Automutilation is an infrequent but well recognized phenomenon, described by several authors. The expressions at the level of the hand are separated into 3 groups : dystonic contractures, edema and self-inflicted wounds. The psychopathogenesis and the prognosis are quite different in these groups. We report a case in which all 3 patterns occurred sequentially.

CASE REPORT

The patient is a 27-year-old female seen in June 1991 with edema of the right hand and a flexion contracture of the right index (fig. 1). She had a work related accident in October 1990, considered as a minor distorsion of the PIP joint. Since then the index remained stiff, despite intensive physiotherapy. The edema appeared several months later. The radiographs at the moment did not reveal any abnormality and mineralisation was strictly symmetrical. Scintigraphy demonstrated a slightly higher uptake in the index finger, but without arguments for a more important lesion, nor for a reflex sympathetic dystrophy. Sécrétan's lymphoedema was suspected already at the moment. We could convince her that when the edema disappeared, a treatment for the index could be considered. Three weeks later the hand appeared normal. After long discussions and with the agreement of the counsulting psychiatrist, a second ray resection was performed in October 1991.

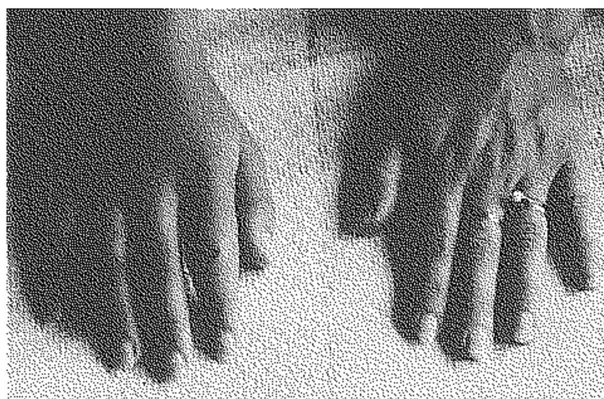

Fig. 1. — Aspect of the hand at the first visit : diffuse swelling and a stiff index.

The wounds healed within normal delays. During several months the function and aspect of the hand remained good. In May 1992 we saw her at the outpatient clinic with a massive edema of the hand, but remarkably good function. Discolorations suggesting old and recent hematomae were observed. During a 2 weeks hospital admission for observation, the edema has disappeared quickly. Two relapses in the same year were noted. They all responded to a 10 days closed cast. During hospital admissions and in the outpatient clinic, psychiatric examinations were performed, but the patient remained very defensive, denying any emotional problems or concomitant life problems.

[1] Department of Orthopaedic Surgery, University Hospital Pellenberg, Weligerveld 1, B-3212 Pellenberg, Belgium.
[2] Department of Psychosomatic Rehabilitation, University Hospital, K.U.Leuven, Belgium.
Correspondence and reprints : L. De Smet.

The MMPI profile showed an elevated hysteria and hypochondric scale, but most obvious was a high L-scale, proving the patient's defensiveness and questioning the reliability of the whole test. A DSM III-R diagnosis of "factitious disorder with physical signs and symptoms" (American Phsychiatric Association : Diagnostic and statistical Manual of Mental Disorders, third edition -- revised (DSM III-R) Washington DL., 1987) was established by the psychiatrist.

The patient was seen on a regular basis and since September 1993 atone wounds and third degree burn wounds appeared on top of the hematomas (fig 2). At her last visit in September 1995 her hand still functions normally. The radiographs, scintigraphy and an extended biological check-up including hemostasis tests remained all that time normal.

Several trials to let her return to her previous job failed.

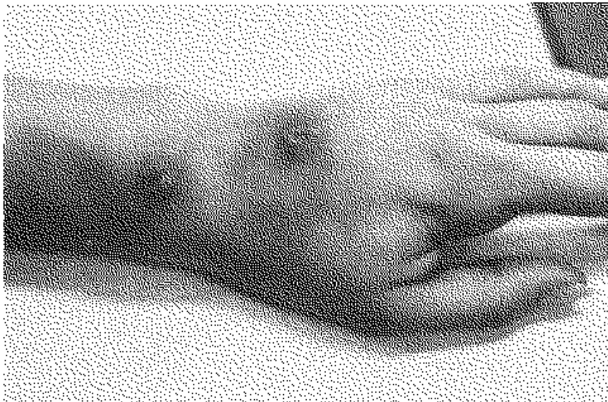

Fig. 2. — Status at last follow-up : note the burn wounds on top of the hematomas.

DISCUSSION

Self-inflicted pathology, simulation and malingering become more and more important issues in daily practice. The hand is an easy accessible and visible target for this pathology. The hand is also considered as the visible part of the mind.

In 1901 Henri Sécrétan, an insurance doctor, described the posttraumatic edema of the hand ("oedème dur") (2, 3), and since then this entity became well known Different patterns have been distinguished (1, 2).

— (lymph)edema due to constriction and/or to repetitive blows
— dysfunctional postures
factitious ulcers

This order also reflects the degree of severity. Factitious edema was studied by Smith (22 cases) in 1975 (5) and Reading (5 cases) (3) in 1980. Both recommend in-patient treatment, psychiatric advice and avoiding confrontation with the origin of the problem.

The dysfunctional postures, or psychoflexed or clenched fist syndrome are related to more severe psychiatric disorders (4) with a poor prognosis. However Gunert *et al.* (1) found a better prognosis an a less severe psychopathology compared to the other entities. These different opinions are probably due to the small number of studied cases and a different referral pattern.

Most authors agree that the wound manipulations, self-inflicted injuries and factitious ulcers reflect the most severe psychiatric disturbance (1).

Reviewing detailed case histories, patients remain faithful to their clinical presentation (2, 5). In our patient the whole spectrum seemed to be present : starting with a stiff index and edema due to constriction, a period of repetitive tapping and self-inflicted burns. When we reviewed the files between August 1990 and December 1996, we could retrieve 10 other cases. The data are summarized in table I (the presented case is case n° 1). For at least 5 of them the initial trauma was work related.

This escalation reflects the increasing power of expression in the different clinical pictures and confirms the severity scale of Grunert et al (1). Despite hospitalization (twice), occlusive dressings, profound psychiatric evaluation and support, our patient was not cured, could not return to her job and relapsed several times.

In this case we can only agree with the statements of Louis and co-workers (2) that (1) surgery is not effective, (2) psychiatric referral and other treatments are not rewarding, (3) confrontation is to be avoided and (4) hospitalization is necessary. The influence of the social compensation is im-

Table I. — List of patients treated for suspected Sécrétan syndrome. The relation with working conditions and the clinical expression can be different.

Patient	Sex	Age	Work related	Clinical Aspect
1	F	36	Y	Oedema
				Contracture
				Ulcers
2	M	50	Y	Oedema
3	F	16	Y	Oedema
4	M	14	?	Oedema
5	M	23	Y	Oedema
6	F	62	N	Psychoflexed hand
7	F	30	N	Clenched fist
8	M	45	Y	Clenched fist
9	F	17	N	Elbow flexion
10	F	35	N	Oedema + ulcers
				Elbow flexion
11	M	45	N	Oedema

portant and the diagnosis is more dependent upon the awareness of the existence than upon specific clinical, radiological and biological findings.

BIBLIOGRAPHY

1. Grunert B., Sanger J., Matloub H., Yousif J. Classification system for factitious syndromes in the hand with implications for treatment. J.Hand Surg., 1991, 16A, 1027-1030.
2. Louis D., Lamp M., Greene T. : The upper extremity and psychiatric illness. J. Hand Surg., 1985, 10A, 687-693.
3. Reading G. : Sécrétan's Syndrome : hard edema of the dorsum of the hand. Plast. reconstr. Surg., 1980, 65, 182-187.
4. Simmons B., Vasile R. : The clenched fist syndrome. J. Hand Surg., 1980, 5, 420-427.
5. Smith R. : Factitious lymphedeme of the hand. J. Bone Joint Surg., 1975, 57A, 89-94.

SAMENVATTING

L. DE SMET, B. VAN HOUDENHOVE, G. FABRY. Escalatie van automutilatie van de hand.

Een geval van automutilatie van de hand, met progressieve verergering van de expressies words beschreven.

RESUME

L. DE SMET, B. VAN HOUDENHOVE, G. FABRY. Automutilation progressive de la main.

Un cas d'automutilation de la main est décrit avec détoriation progressive et aggravation de son expression clinique.